

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Ozaukee { Town ☒ Cedarburg
Village ☐
City ☐ Check one and give name

2. Location SE 1/4 of SE 1/4 of Sec. 28 T. 10 N. R. 21 E.
Name of street and number of premise or Section, Town and Range numbers

3. Owner ☐ or Agent ☒ Orville Bathke
Name of individual, partnership or firm

4. Mail Address 1122 West Lincoln Port Washington Wis.
Complete address required

5. From well to nearest: Building 12 ft; sewer ft; drain ft; septic tank ft;
dry well or filter bed ft; abandoned well ft.

6. Well is intended to supply water for: New Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40			
6	40	65			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# Well Cas.	0	45

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay Slurry	0	40

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 14 GPM.

Depth from surface to water-level: 19 ft.

Water-level when pumping: 25 ft.

Water sample was sent to the state laboratory at:

Madison on June 9 19 59
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Stony Clay	0	45
Limestone	45	65

RECEIVED
JUL 23 1959
ENVIRONMENTAL
SANITATION

Construction of the well was completed on:

June 9 19 59

The well is terminated 10 inches
☒ above, below ☐ the permanent ground surface.

Was the well disinfected upon completion?

Yes / No

Was the well sealed watertight upon completion?

Yes / No

Signature Robert W. Demerath
Registered Well Driller

631 S. Wash. Ave. Cedarburg Wis.
Complete Mail Address

Please do not write in space below

Rec'd No.

Ans'd

Interpretation



10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs.

48 hrs.

Confirm

B. Coli

Examiner